

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Martha W Barkley				CERTIFICATE OF DEATH			
Died at	Salisbury	Town	Wicomico	County	MARYLAND		
Date of death	1906 Feb 14	Month Day	Age 73	Years 5 Months	Days		
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Ebenzer Disharoon			(V3)	Father's Birthplace	Md	
Mother's Maiden Name	Charlotte W Cullen			(V3)	Mother's Birthplace	Md	
Name of person giving information	Bertie Thoroughgood			How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma of right breast	How long	1 year
Immediate	Exhausting following removal of malignant tumor	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Sandifer,
		Address	Salisbury, Md
Accident or Suicide?	22		



*Flora B. Bennett*

Town

County

MARYLAND

Died at *her home**Wicomico*

Date 19	Month	Dey	Y.	M.	D.	Native of	Occupation
06	2	19	Age 20	1	2	Md	Lady
<input checked="" type="checkbox"/>	White	Married	Widow	Divorced			
Female	Caled	<input checked="" type="checkbox"/>	Widower	Number of children living			

Wife	<i>Wiley Bennett</i>		
Father's Name	<i>Jas B. Jewell</i>	Mother's Maiden Name	<i>Ella, Budd</i>
Cause of Death	Primary	(6)	How long sick
	Immediate	<i>Brain fever</i>	10d
Death			Accident, Suicide, Homicide

Reported by

*I. L. English coroner  
Mddle 28th St. Md.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lillian Bennett

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lillian Bennett			
Father's Name	Buck Sewell	108	Father's Birthplace	-	
Mother's Maiden Name	Mary	"	Mother's Birthplace	-	
Name of person giving information	Lillian Bennett			How related to deceased	Husband

CAUSES OF DEATH

Primary	Intestinal obstruction	How long	immed.
Immediate	Cardiac failure	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N. V. Cassava
		Address	Shadwell - Md
Accident or Suicide?			



Name  
in  
Full

Louisa Bradley

CERTIFICATE OF DEATH

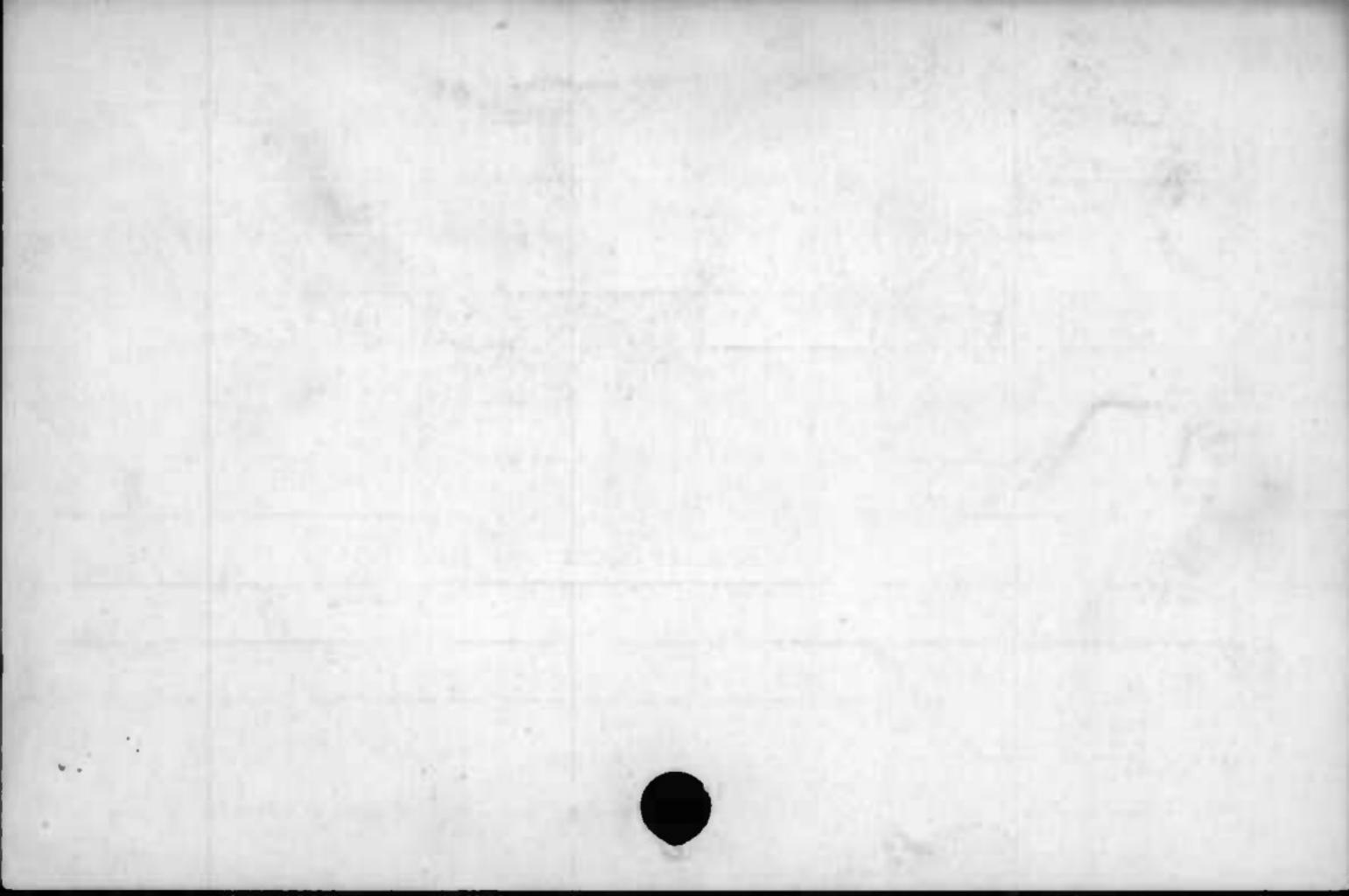
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	60		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Ferdinand Bradley			
Father's Name	Julian Bedsworth		Father's Birthplace	Md	
Mother's Maiden Name	Sally Bailes		Mother's Birthplace	Md	
Name of person giving information	Ferdinand Bradley		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease	(19)	How long	3 years
Immediate	anesthesia & Delirious		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J M Eldridge	
		Address	Spring Hill	
Accident or Suicide?				



Name  
In  
Full

Wm. Godfrey

CERTIFICATE OF DEATH

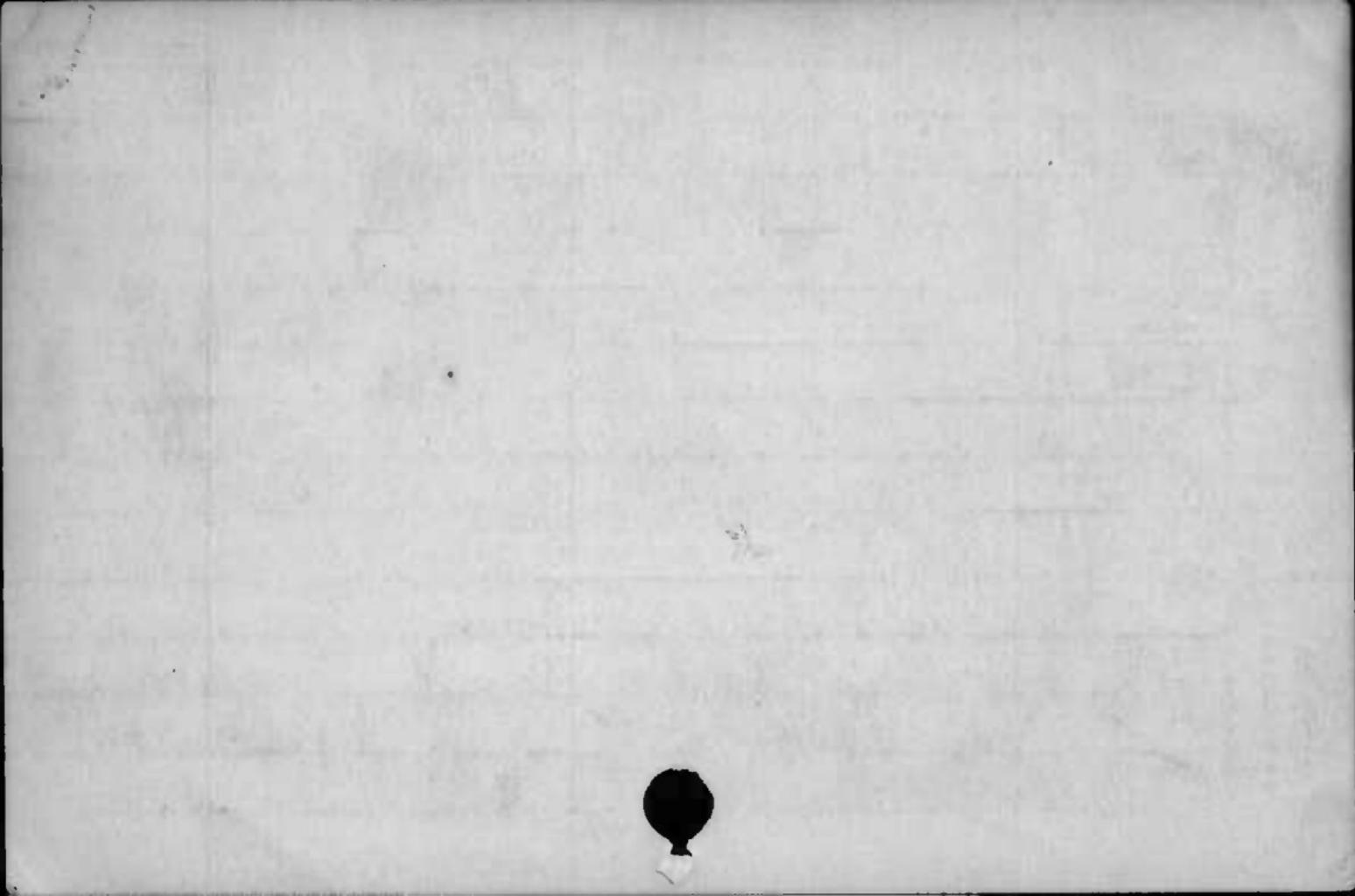
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Abel</u>		Town	County <u>Accomack</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>2</u>	Day <u>12</u>	Age <u>54</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Md</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Dililah Godfrey</u>			Father's Birthplace <u>Md</u>		
Father's Name <u>Daniel Godfrey</u>			Mother's Birthplace <u>"</u>			
Mother's Maiden Name <u>-</u>			How related to deceased <u>19</u>			
Name of person giving information <u>as I declare</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic Endocarditis</u>	How long <u>2 years</u>
Immediate <u>Acute Cardiac Compensation</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Elderdice</u>
	Address <u>Wardlow Springs, Md.</u>
Accident or Suicide?	



Name  
in  
Full

George F. Colona

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Salisbury	Wicomico			
Date of death	Month	Day	Years	Months	Days
of death	1906 Feb	12	Age 62	7	
Sex	Male	Color or Race	White	Birth-place	Virginia
Occupation	Labourer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Martha J. Colona	Father's Birthplace	Virginia
Father's Name	Geo. Colona			Mother's Birthplace	Virginia
Mother's Maiden Name	not known		(166)	How related to deceased	Son
Name of person giving Information	Geo. A. Colona				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accident in Steam Mill	How long
	Sudden	
Immediate	Shock	How long
		1/2 hour
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician
		F. M. Stearns M.D.
		Address
Accident or Suicide?	Accident	Darlisbury Md



Name  
in  
Full

Mary C Dashiell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Feb	Day 3	Years	Months	Days
Sex Female	Color or Race Black	Birth-place Salisbury Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Dashiell		Father's Birthplace	Md	
Mother's Maiden Name	Cornelia Dashiell		Mother's Birthplace	Md	
Name of person giving Information	Rayfield Dashiell		How related to deceased	Grandfield	

CAUSES OF DEATH

PHYSICIAN  
ON CORONER

Primary

La Grippe or Cold  
Pneumonia

10

How long

3 or 4 weeks

How long

4 or 5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

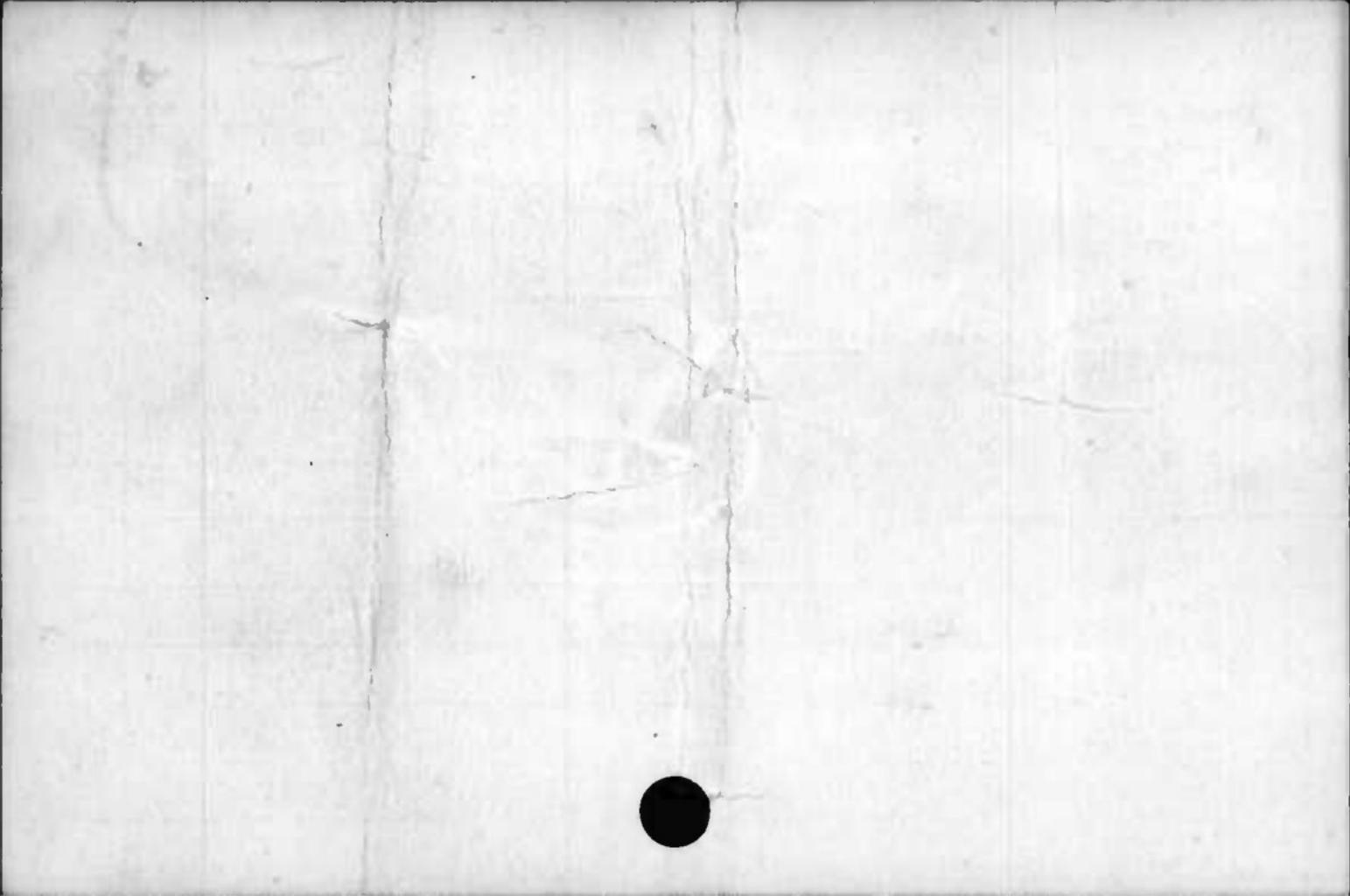
Yes

Signature of Physician

Address

Rev. W. Todd  
Salisbury Md

Accident or Suicide?



Name  
in  
Full

Carroll F. Dennis

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	Feb.	26	2 10
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Oscar B. Dennis	Father's Birthplace	Wicomico Co. Md.
Mother's Maiden Name	Carrie W. Donaway	Mother's Birthplace	Deli.
Name of person giving Information	Oscar B. Dennis	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastritis  
Capillary Bronchitis

(10)

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Gov. H. Todd

Salisbury Md

Accident or Suicide?



Name  
in  
Full

Florence M. Hayman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Worcester Co., Md.	
Occupation	Housewife	Where Residing if not at place of death			In Somerset Co., Md.	
Married, Single or Widowed	Married	Name of Wife or Husband	Ottis J. Hayman	Father's Birthplace	Worcester Co., Md.	
Father's Name	Montgomery Stagg	Mother's Maiden Name	Suey E. Pollitt	Mother's Birthplace	Somerset Co., Md.	
Name of person giving Information	Ottis J. Hayman	How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Puerperal sepsis\**

(3)

How long

18 days

Immediate *Septic intoxication*

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Ayres  
Salisbury, Md.

Accident or Suicide?

No

This case was delivered by a  
colored midwife, and was not seen  
by a physician until the 8<sup>th</sup> day. I  
saw her on the 11<sup>th</sup> day; as she had  
no one (~~competent~~) to nurse her I brought  
her to the Peninsula General Hospital  
where she died -

J. M. D.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u>		Town	County <u>Wicomico</u>		CERTIFICATE OF DEATH	
Date of death <u>1906</u>	Month <u>Feby</u>	Day <u>13</u>	Age	Years	Months <u>4</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place	<u>Salisbury</u>	
Occupation <u>Infant</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Infant</u>	Name of Wife or Husband					
Father's Name <u>Don't Know</u>						Father's Birthplace
Mother's Maiden Name <u>Isabel Horner</u>						Mother's Birthplace
Name of person giving Information						How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Don't Know

(179)

How long

Immediate

Dyspnea

How long

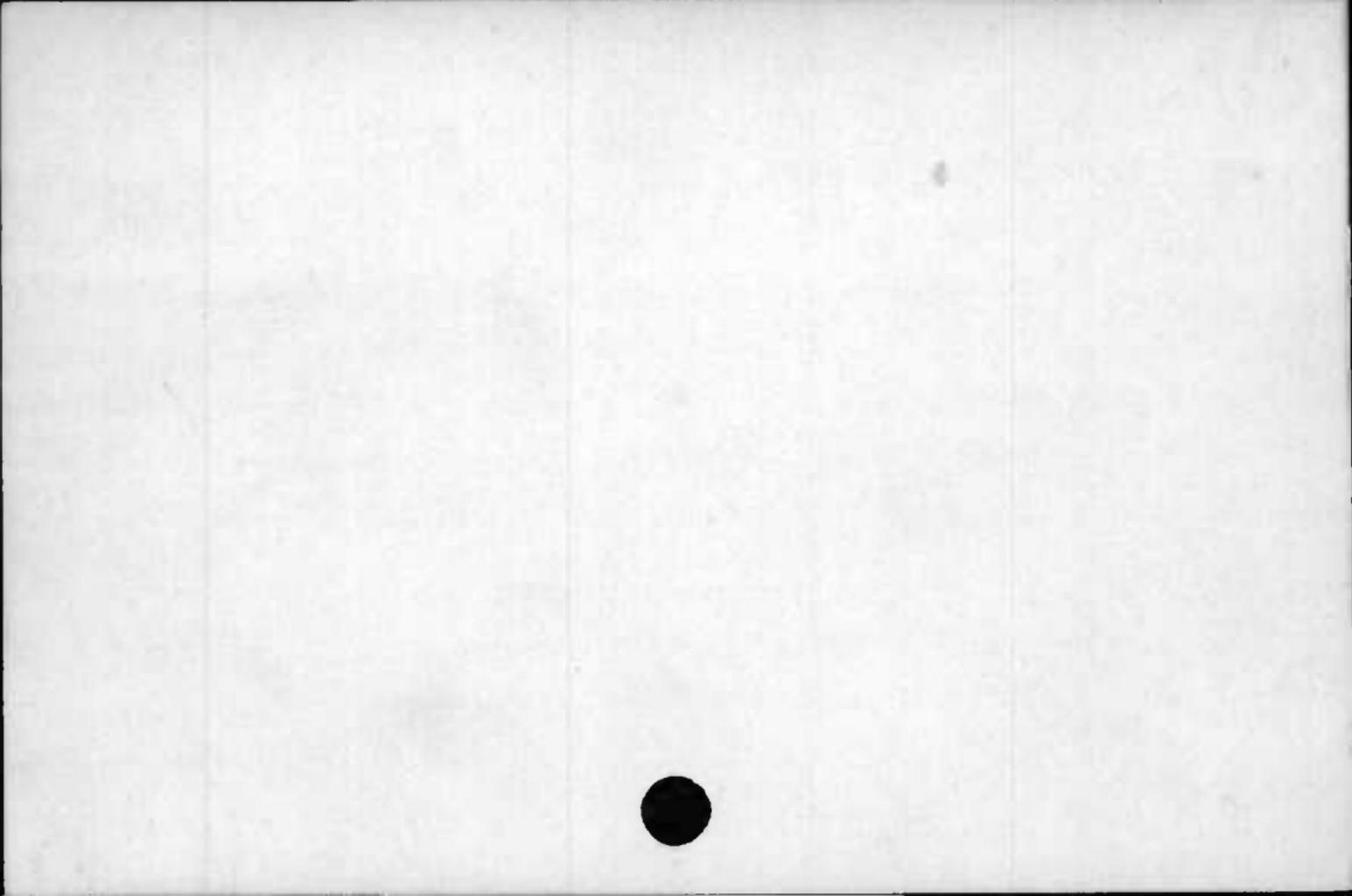
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. W. Clemmons M.D.  
Salisbury Md

Accident or Suicide?



Name  
in  
Full

Hattie V. Hudson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Wicomico Co. Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	John Hudson Jr.		
Father's Name	Francis H. Jones		Father's Birthplace	Wicomico Co. Md.	
Mother's Maiden Name	Angelina Stanford		Mother's Birthplace	"	
Name of person giving Information	F. H. Jones		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cervicitis of Breast

(141)

How long

2 weeks

Immediate

Blood Poison

How long

about 7 days

Are the name, age, sex, color, date and place correctly given above?

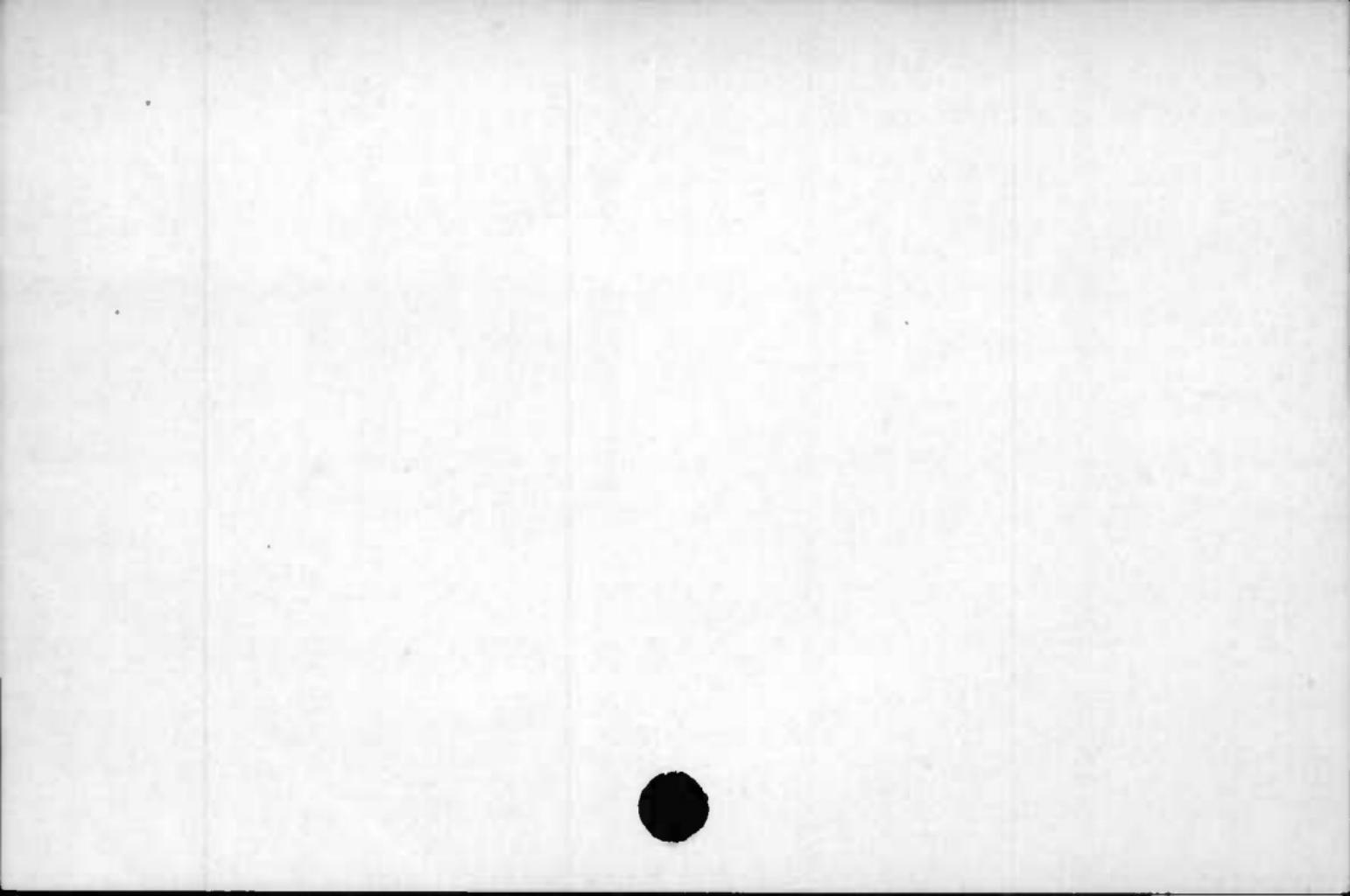
yes

Signature of Physician

Address

Gro. W. Loh  
Salisbury Md

Accident or Suicide?



Name  
in  
Full

Mary A. Jones

CERTIFICATE OF DEATH

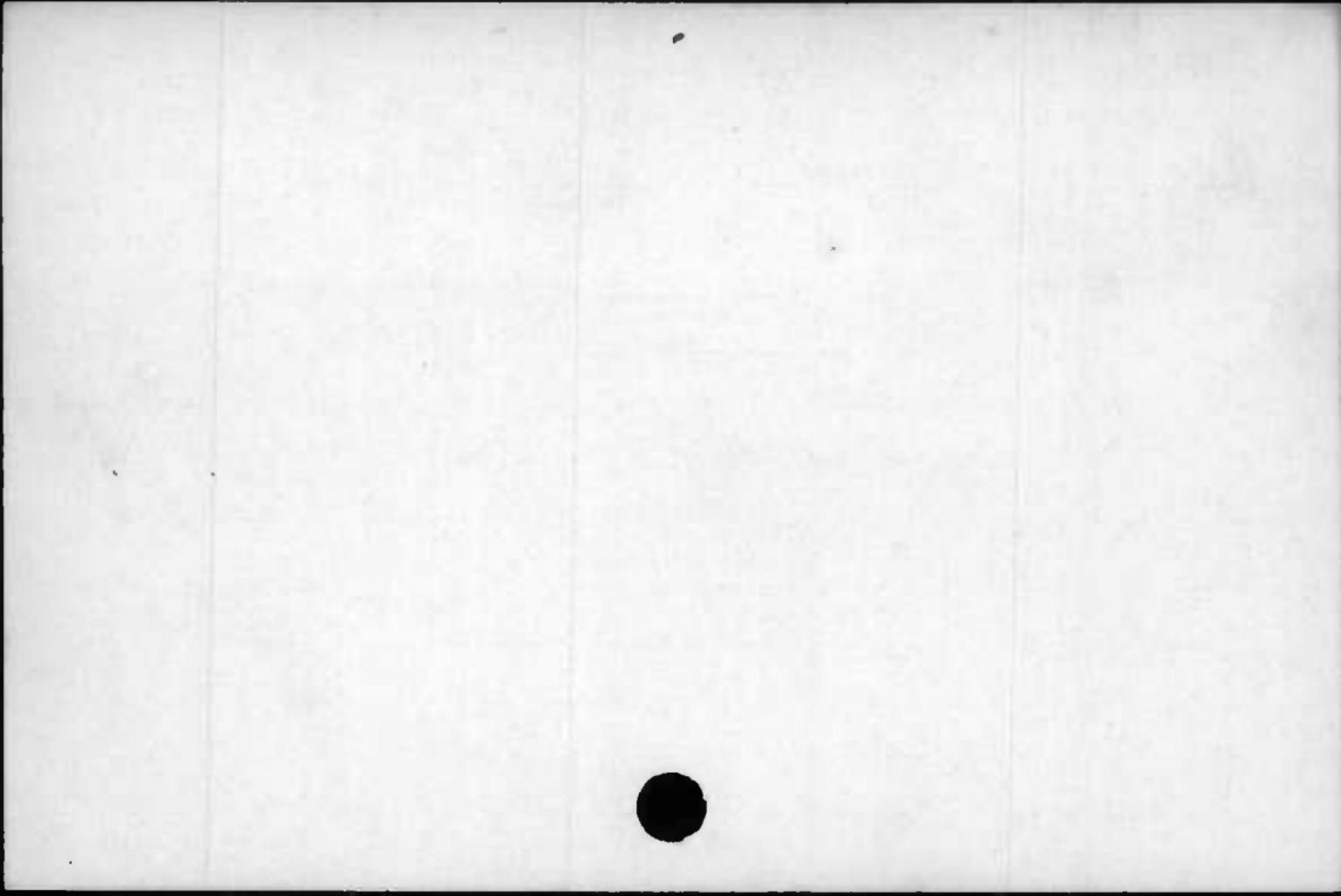
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation	Housekeeper		Salisbury Md.		
Married, Single or Widowed	Name of Wife or Husband	Richard P. Jones			
Father's Name	Not known		Father's Birthplace	in	
Mother's Maiden Name	Serron		Mother's Birthplace	Vof known	
Name of person giving information	Richard Dashiell		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mainly Asteriosclerosis. (8)	How long	2 or 8 years -
Immediate	Paralysis of Heart muscle -	How long	2 hours -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	O. M. Humphreys,
		Address	Salisbury Md.
Accident or Suicide?	No.		



Name

in  
Full

James Edward Lauer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at	Graves	Stonewall				
Date of death	1906	Month Feb.	Day 27	Age 15	Years	Months 7 Days 15-
Sex	Male	Color or Race	white	Birth-place	near White	
Occupation	Farming	Where Residing if not at place of death			Home near Bangs	
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Wangs	
Mother's Maiden Name	Mary Ellen Troubridge	Mother's Birthplace	Springfield			
Name of person giving information	James B. Lauer	How related to deceased	Cannie			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronche Pneumonia

How long

18 days

Immediate

Heart failure

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

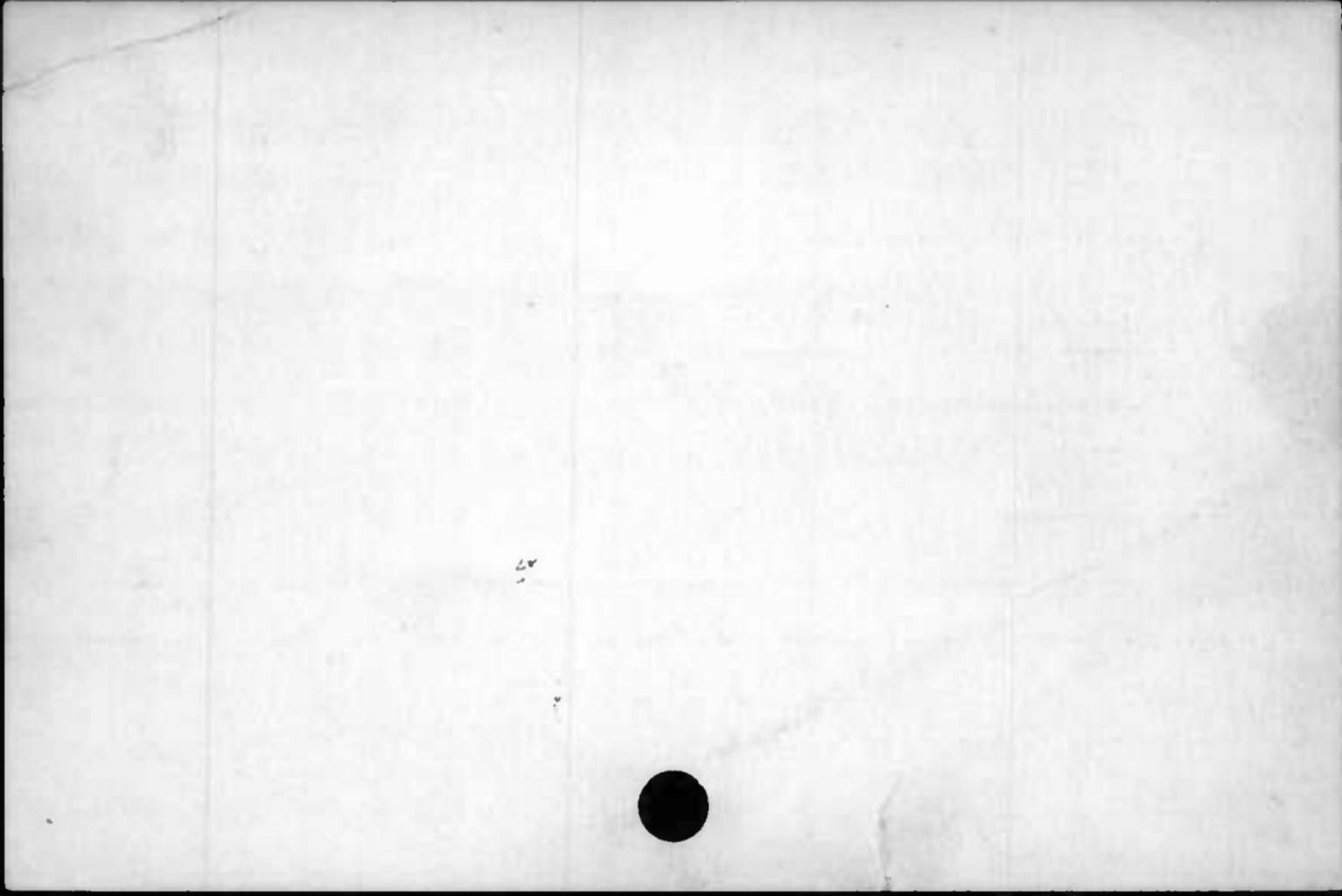
Yes

Signature of Physician

Address

C A Holland  
Pomonaville  
Ind

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Baby of William Owens

CERTIFICATE OF DEATH

Died <u>near Quantico</u>		Town	County <u>Virginia</u>		MARYLAND	
Date of death <u>1906 Feb 16</u>	Month <u>Feb</u>	Day <u>16</u>	Years <u>Age Born Dead</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>near Quantico</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>near Quantico</u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>William Owens</u>	Father's Birthplace <u>near Quantico</u>					
Mother's Maiden Name <u>Minnie Owens</u>	Mother's Birthplace <u> </u>					
Name of person giving Information <u>W.H. H. Dashiell</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(8)

How long

Immediate

Mal Presentation with Suffocation

How long

Are the name, age, sex, color, date and place correctly given above?

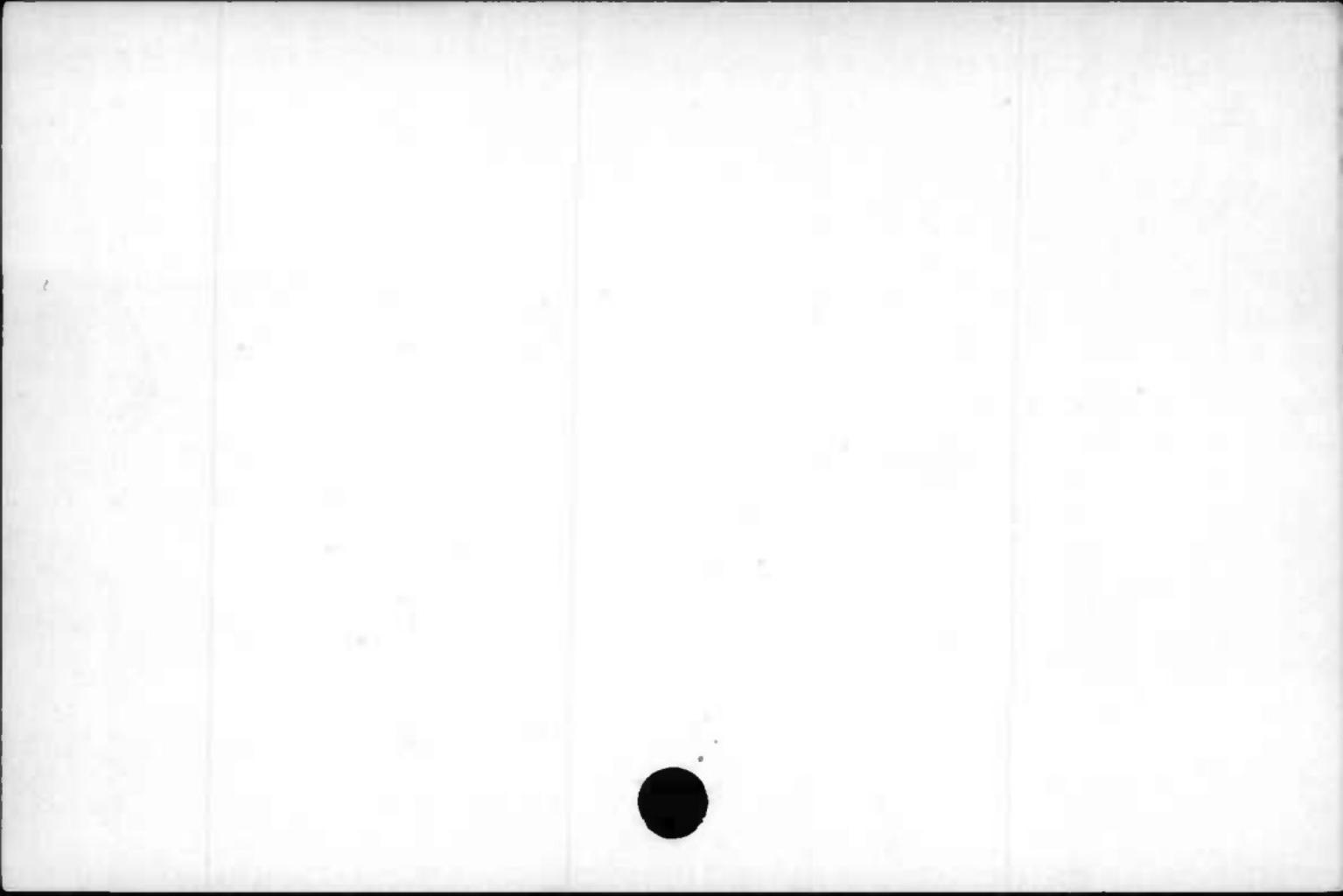
Signature of Physician

Wm H H Dashiell

Address

Quantico Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

Gertude Robins

**CERTIFICATE OF DEATH**

Died at		Town <i>Baltimore</i>	County <i>Wisconsin</i>		MARYLAND	
Date of death	Month <i>1906</i>	Day <i>13</i>	Years <i>24</i>	Months <i>5</i>	Days	
Sex	<i>Federal</i>	Color or Race <i>Black</i>	Age	Birth-place <i>Md</i>		
Occupation	<i>House work</i>					
Married, Single or Widower		Where Residing if not at place of death				
Father's Name	<i>Harvey Robins</i>					Father's Birthplace <i>Md</i>
Mother's Maiden Name	<i>Mary H. Gleason</i>					Mother's Birthplace <i>Md</i>
Name of person giving information	<i>Mary H. Robins</i>					How related to deceased <i>Mother</i>

## **CAUSES OF DEATH**

### Primary

## Cancer of stomach

### How long

6 months

### Immediate

Strept. mat. mafitum

2 Weeks

Are the na

Strept. mat. mafitum

2 Weeks

Are the name, age, sex, color, date  
and place correctly given above?

۷۳

Signature  
Physician

**Address**

## Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs. Nettie Robinson				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	White	Birthplace	Dorchester Co., Md.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Edgar Robinson	Father's Birthplace	Wicomico Co., Md.		
Father's Name	Graham			Mother's Birthplace	Dorchester Co., Md.		
Mother's Maiden Name	Martha Craft			How related to deceased	Husband		
Name of person giving information	Edgar Robinson			(18)			

CAUSES OF DEATH

Primary

acute peritonitis

(16) How long

0 days

Immediate

opium intoxication

How long

two hours

Are the name, age, sex, color, date and place correctly given above?

yes

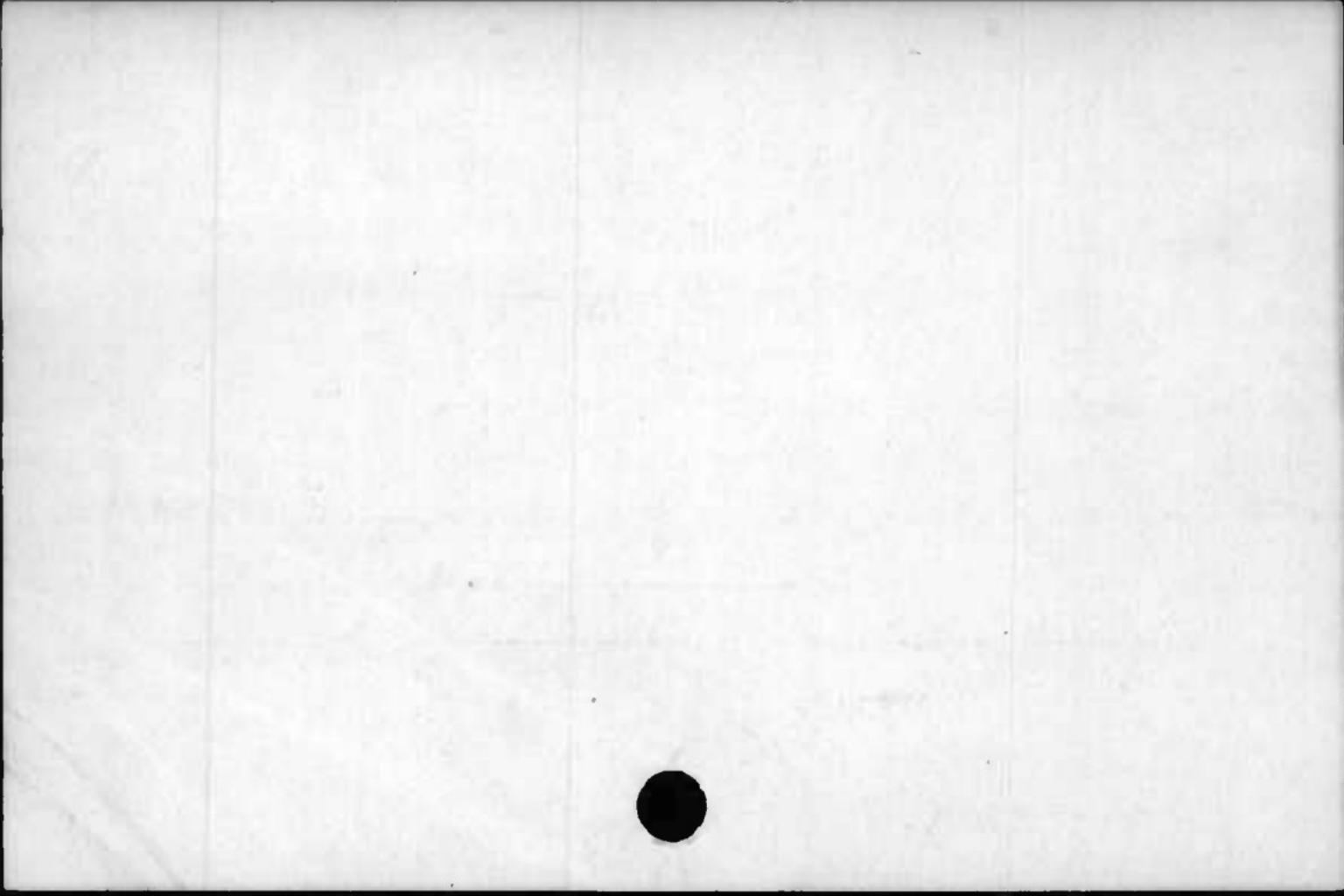
Signature of Physician

Address

J. M. McPhee,  
Salisbury, Md.

Accident or Suicide?

no



Hiram Taylor  
 Town County  
 Near Mardela Springs Wicomico

Died at MARYLAND  
 Date 1906 Month Feb Day 13 Age 76 Y M. D. Native of Maryland Occupation Farmer  
 Male White Married Widower Husband of Number of children living 5  
 Female Colored Single Widower

Husband of Hester A. Howard -

Father's Name Levin Taylor Mother's Name Penney, Taylor

Cause of Death Primary Disease of heart How long sick 10 years  
 Immediate Malaria (20) Accident, Suicide, Homicide

Reported by A. L. Scallop

Address Mardela

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

$$\begin{array}{r} 6.00 \\ 125 - \\ \hline 7.25 - \end{array}$$

35.7  
35.00  
15.50

Still-Borned Child Walker

Died at At home Town Wicomico County MARYLAND

Date 1909	Month 2	Day 3	Y. -	M. -	D. -	Native of Md	Occupation - - -
	Male	White	Age - - -			Widow	Divorced
	Female	Colored	Single			Widower	Number of children living

Husband of - - - - - Wife - - - - -

Father's Name J.W. Walker Mother's Maiden Name A.A. Bennett

Cause of Death Primary Still borned How long sick

Death Immediate Accident, Suicide, Homicide

Reported by S.L. English coroner

Address Mandela Appls

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

MD



Name  
in  
Full

Sarah A. Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Marion Spring Grove	McComico				
Date of death	1906	Month	2	Day	9	Years
				Age	38	Months
Sex	Female	Color or Race	white	Birth- place	Maryland	
Occupation	Saely	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph W. Walker			
Father's Name	J. H. Bennett			Father's Birthplace	Md	
Mother's Maiden Name	S. C. Shookley			Mother's Birthplace	Md	
Name of person giving Information	Wiley, Bennett			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Child's Birth (HD)

How long

Immediate

— —

How long

Are the name, age, sex, color, date  
and place correctly given above?

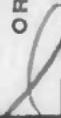
Yes

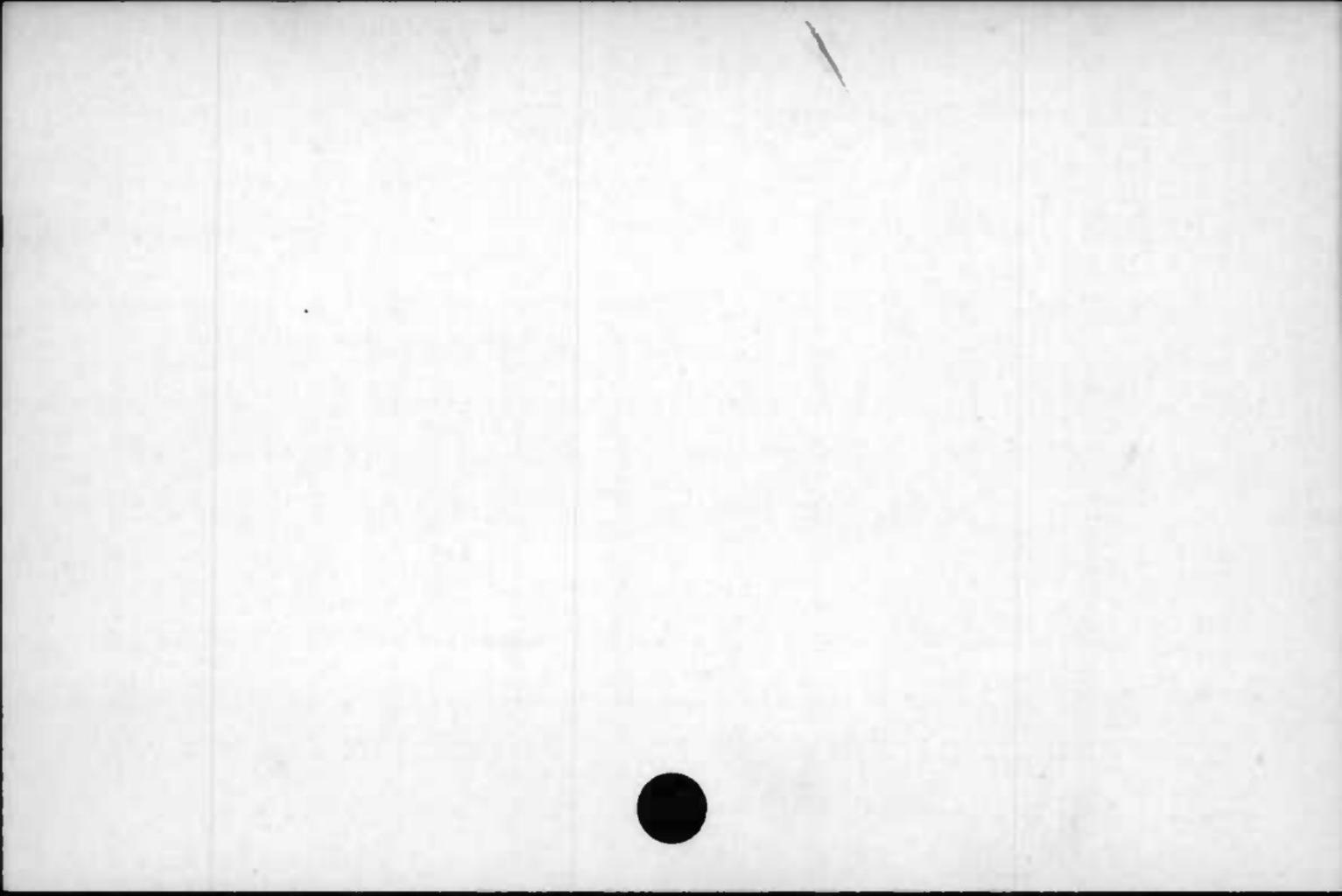
Signature of  
Physician

Address

J. L. English  
Mandella & Sons, Md.

Accident or Suicide?





Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant		no	Name	Mary Waller	by M/	CERTIFICATE OF DEATH
Died at	Salisbury	Town	County	Wicomico	MARYLAND	
Date of death	1906	Month Feb	Day 9	Age	Years	Months
Sex	Female	Color or Race	Black	Where Residing if not at place of death	Birth-place	Days
Occupation					Salisbury Md	few hours
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	John Waller			Father's Birthplace	Md	
Mother's Maiden Name	Lilly Washburn			Mother's Birthplace	Nd	
Name of person giving information	John Waller			How related to deceased	Father	

CAUSES OF DEATH

Primary

Pneumonia with

(51)

How long

few hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

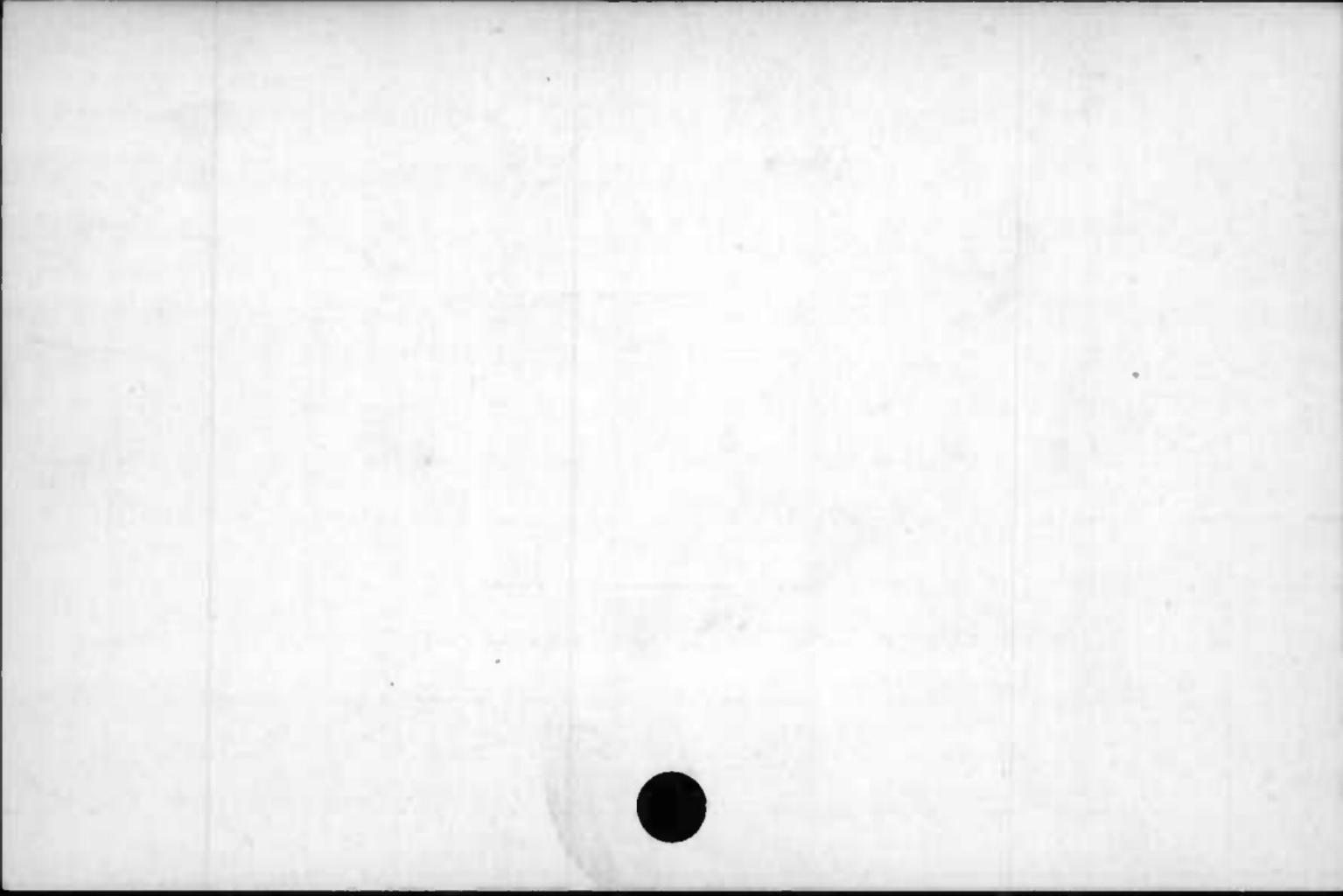
Signature of Physician

Address

Louis W. Morris MD

Delivery M.D.

Accident or Suicide?



Name  
In  
Full

Susan Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marine Quarters</u>		Town	County	MARYLAND	
Date of death <u>1906 Feb</u>	Month <u>Feb</u>	Day <u>18</u>	Years <u>80</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Near Quantico</u>			
Occupation <u>Cook and Nurse</u>	Where Residing if not at place of death				
Married Single <del>Widowed</del>	Name of Wife or Husband <u>Henry Williams</u>				
Father's Name <u>James Dashille</u>	Father's Birthplace <u>Marine Quarters</u>				
Mother's Maiden Name <u>Susan Dashille</u>	Mother's Birthplace <u>Quantico</u>				
Name of person giving information <u>Capt C. Hughes</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

(120)

How long

How long 2 or 3 years

PHYSICIAN  
OR CORONER

Primary

Kidney Trouble

Immediate

from old age

Are the name, age, sex, color, date and place correctly given above?

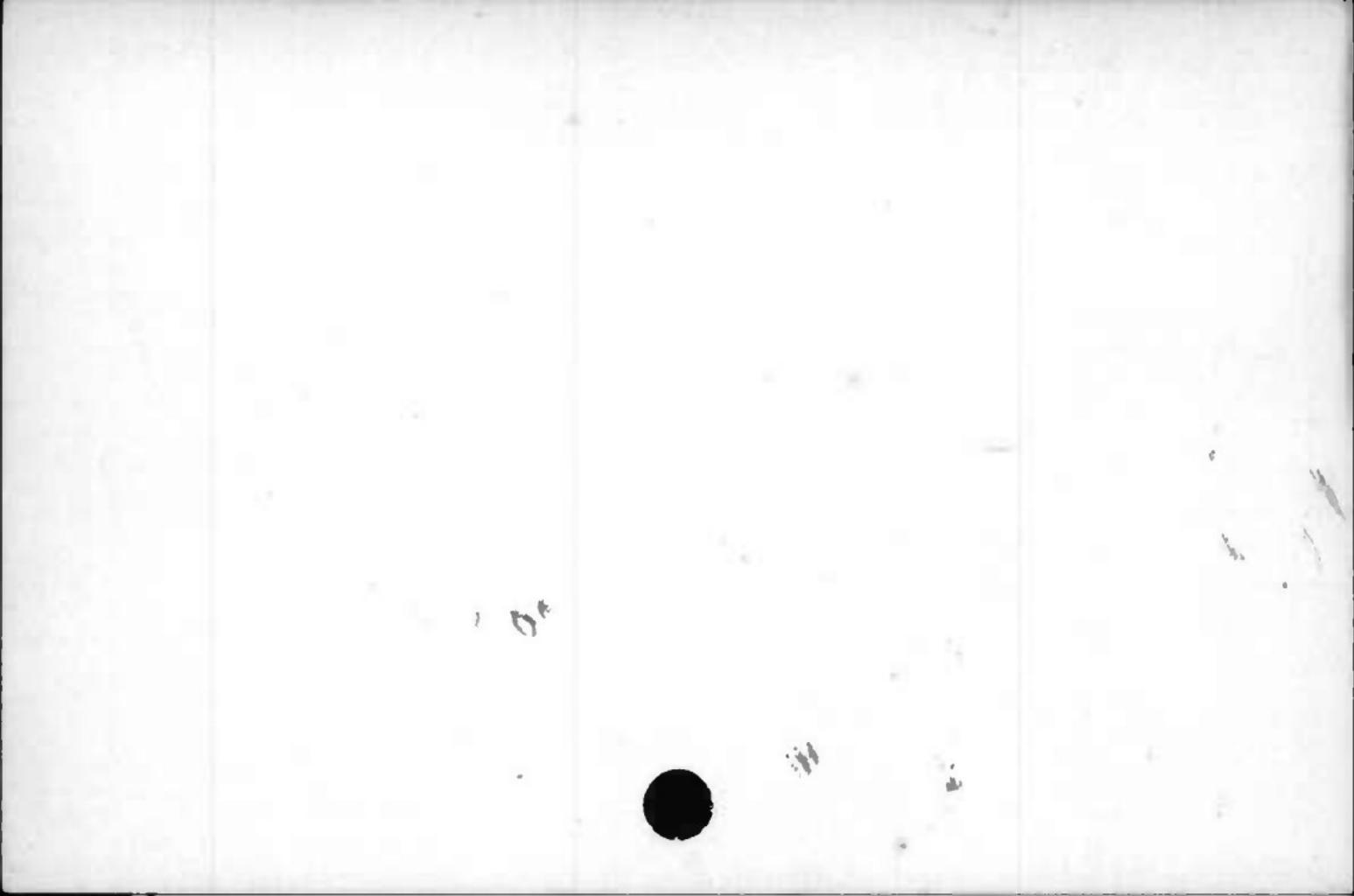
Yes

Signature of Physician

Address

Wm H. H. Dashille  
Quantico Md

Accident or Suicide?



Name  
in  
Full

Amos H. Woodcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	Feb	23	75 8 17
Sex	Male	Color or Race	White
Occupation	Jeweler	Where Residing if not at place of death	Pennsylvania
Married, Single or Widowed	Married	Name of Wife or Husband	Jayla A. Wright
Father's Name	Thomas Woodcock	Father's Birthplace	Balto Co Md
Mother's Maiden Name	Hauke	Mother's Birthplace	Pennsylvania
Name of person giving information	A. H. Woodcock Jr	How related to deceased	Son

CAUSES OF DEATH

Primary

Strangulated Hernia 108  
How long Few Hours

Immediate

Edema of Lungs  
How long Few Hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. H. Todd  
Salisbury Md

Accident or Suicide?

16.

